IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Helena Gybäck et al.

Title:

NEW METABOTROPIC GLUTAMATE RECEPTOR COMPOUNDS

Appl. No.:

Unassigned

Filing Date:

January 30, 2004

Examiner:

Unassigned

Art Unit:

Unassigned

UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

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Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Helena GYBACK Martin JOHANSSON Alexander MINIDIS Patrick RABOISSON David WENSBO

Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:	
[X]	Specification, Claim(s), and Abstract (51 pages).
[]	Declaration and Power of Attorney (pages).
[]	Assignment of the invention to AstraZeneca and NPS Pharmaceuticals, Inc
[]	Information Disclosure Statement.
[]	Form PTO/SB/08 with copies of listed reference(s).



- [X] Application Data Sheet (37 CFR 1.76).
- [] Claim for Convention Priority.

The filing fee is calculated below:

	Claims	Included in		Extra			Rate		Fee
	as Filed				Claims				Totals
	Basic Fee								
Basic Fee							\$770.00	=	\$770.00
Total Claims:	32	-	20	=	12	x	\$18.00	=	\$216.00
Independents:	6	-	3	=	3	X	\$86.00	=	\$258.00
If any Multiple	Dependent	Claim(s) present	:		+	\$290.00	=	\$290.00
Surcharge unde	er 37 CFR 1.	16(e) f	or late fil	ing c	\mathbf{f}	+	\$130.00		\$130.00
Executed Decla	aration and I	ate pay	ment of f	iling	fee			_	
							SUBTOTAL:	=	\$1664.00
[]		S	Small Enti	ity F	ees Appl	y (subtr	act ½ of above):	= `	\$0.00
				•		TOTA	L FILING FEE:	=	\$1,664.00

- [] A check in the amount of \$0.00 to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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